PROVIDER LISTING WITH SPONSOR OFFICE LOCATIONS

Attachment 1-J

Form 3

Provider Name	Home Type: Registered Certified Licensed	Type of Shift: (i.e. 1 st , 2 nd ,3 rd , rotating)	Provider Address	Provider County	Does Any Other Sponsor Cover This Area	Address Of Nearest Sponsor Office	Distance (in miles) from Nearest Sponsor Office	IDENTIFY MEALS TO BE CLAIMED:					
								В	A M	L	P M	S	L SN
									IVI		IVI		SIN